Fill	n this information to identify your ca	se:							
	otor 1 Christina Lig								
	otor 2				_				
Uni	ed States Bankruptcy Court for the:	EASTERN DISTRICT ROCK DIVISION	OF ARKANSAS, LITTI	.E	_				
	e number <u>4:17-bk-10038</u>					Check if this is:			
(lf kn	own)					☐ An amende	o .		
	··· · · · · · · · · · · · · · · · · ·						nt showing postpetition f the following date:	chapter 13	
	ficial Form 106I					MM / DD/ Y	YYY		
So	chedule I: Your Inco	me						12/15	
spoi	olying correct information. If you a use. If you are separated and your th a separate sheet to this form. O  Describe Employment	spouse is not filing with	you, do not include	informa	ation	about your spous	se. If more space is no	eded,	
1.	Fill in your employment information.	Debtor 1			Debtor 2	Debtor 2 or non-filing spouse			
	If you have more than one job,	Employment status	■ Employed				☐ Employed		
informa	attach a separate page with information about additional		☐ Not employed			☐ Not er	☐ Not employed		
	employers.	Occupation							
	Include part-time, seasonal, or self-employed work.	Employer's name	Arkansas Department of Veteran Affairs						
Occupation may include student or homemaker, if it applies.		Employer's address	501 Woodlane St Ste 230C Little Rock, AR 72201-1025			<b>.</b>			
		How long employed th	ere?						
Par	Give Details About Mont	thly Income							
	nate monthly income as of the dat ss you are separated.	e you file this form. If yo	ou have nothing to repor	t for any	y line	, write \$0 in the spa	ce. Include your non-fili	ng spouse	
	u or your non-filing spouse have more e, attach a separate sheet to this forn		ine the information for a	all emplo	oyers	for that person on t	he lines below. If you n	eed more	
						For Debtor 1	For Debtor 2 or non-filing spouse		
2.	List monthly gross wages, salary deductions). If not paid monthly, ca			2.	\$	6,656.59	\$	-	
3.	Estimate and list monthly overting	ne pay.		3.	+\$ .	0.00	+\$ <b>N/A</b>	_	
4.	Calculate gross Income. Add line	e 2 + line 3.		4.	\$	6,656.59	\$ N/A		

Debto	or 1	Light, Christina	_	Case ı	number ( <i>if known</i> )	4:17-bk-	10038
					Debtor 1		or 2 or g spouse
	Cop	by line 4 here	4.	\$_	6,656.59	\$	N/A
5.	List	all payroll deductions:					
	5a.	Tax, Medicare, and Social Security deductions	5a.	\$	1,865.25	\$	N/A
	5b.	Mandatory contributions for retirement plans	5b.	\$	0.00	\$	N/A
	5c.	Voluntary contributions for retirement plans	5c.	\$	0.00	\$	N/A
	5d.	Required repayments of retirement fund loans	5d.	\$	0.00	\$	N/A
	5e.	Insurance	5e.	\$	536.71	\$	N/A
	5f.	Domestic support obligations	5f.	\$	0.00	\$	N/A
	5g.	Union dues	5g.	\$	0.00	\$	N/A
	5h.	Other deductions. Specify:	5h.+	\$_	0.00	+ \$	N/A
6.	Add	I the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	\$	2,401.96	\$	N/A
7.	Cal	culate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$	4,254.63	\$	N/A
	List 8a.	all other income regularly received:  Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a.	\$	0.00	\$	N/A
	8b.	Interest and dividends	8b.	\$_	0.00	\$	N/A
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.		* <u> </u>	0.00	\$	N/A
	8d.	Unemployment compensation	8d.	\$	0.00	\$	N/A
	8e.	Social Security	8e.	\$_	0.00	\$	N/A
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify:	8f.	\$	0.00	\$	N/A
	8g.	Pension or retirement income	— 8g.	\$	0.00	\$	N/A
	8h.	Other monthly income. Specify: Prorated Fed Tax Refund	8h.+	\$	610.50	+ \$	N/A
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	610.50	\$	N/A
		culate monthly income. Add line 7 + line 9. I the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$	4	<b>1,865.13</b> + \$	N/	<b>[A]</b> = \$ 4,865.13
	Inclu othe Do r	te all other regular contributions to the expenses that you list in Schedule and contributions from an unmarried partner, members of your household, your dear friends or relatives.  not include any amounts already included in lines 2-10 or amounts that are not available.	ependent		,	Schedule J.	1. <b>+</b> \$ <b>0.00</b>
12.	Add	If the amount in the last column of line 10 to the amount in line 11. The resulte that amount on the Summary of Schedules and Statistical Summary of Certain				ome.	2. <b>\$ 4,865.13</b>
13.	Do y ■	you expect an increase or decrease within the year after you file this form?  No.  Yes Explain:	?				Combined monthly income

Fill in	n this inform	ation to identify you	ır case:					
Debte						Ob -	ck if this is:	
Debti	OI I	Christina Lig	nt			Che	An amended filing	
Debte (Spor	or 2 use, if filing)						ŭ	ing postpetition chapter 13 following date:
Unite	d States Ban	kruptcy Court for the:		RN DISTRICT OF ARKAN DIVISION	SAS, LITTLE		MM / DD / YYYY	
Case (If kn		l:17-bk-10038						
Of	ficial F	orm 106J						
Sc	hedule	J: Your E	xpen	ses				12/15
info (if kı	rmation. If r nown). Ans	more space is need wer every question	ded, attac n.	f two married people are h another sheet to this fo	filing together, botl orm. On the top of a	h are equal iny addition	lly responsible for s nal pages, write you	supplying correct ir name and case number
Part 1.	Is this a join	cribe Your Househ int case?	iola					
	No. Go		a separa	te household?				
			file Offici	al Form 106J-2, <i>Expenses</i> a	for Separate Househ	oldof Debto	or 2.	
2.	Do you ha	ve dependents?	□ No					
	Do not list I Debtor 2.	Debtor 1 and	Yes.	Fill out this information for each dependent	Dependent's relati Debtor 1 or Debtor		Dependent's age	Does dependent live with you?
	Do not state	e the						□ No
	dependents				Daughter		9	Yes
					D. Harri		_	□ No
					Daughter			Yes
								□ No □ Yes
								☐ Yes
								☐ Yes
3.	expenses of yourself ar	openses include of people other tha nd your dependen	an ts? □	No Yes			_	
expe	mate your e	a date after the ba	ur bankru	y Expenses ptcy filing date unless yo is filed. If this is a suppl				
Inclu	ıde expens	es paid for with no		overnment assistance if a				
(Offi	cial Form 1	061.)					Your expe	enses
4.		or home ownershand any rent for the		es for your residence. In ot.	clude first mortgage	4.	\$	800.00
	If not inclu	ded in line 4:						
	4a. Real	estate taxes				4a.	\$	0.00
	4b. Prop	erty, homeowner's,	or renter's	insurance		4b.	\$	0.00
		e maintenance, rep				4c.	: <del></del>	0.00
F		eowner's association					\$	0.00
כ	ACCUITIONAL	mortuage paymer	IIS TOT VO	<b>ur residence</b> , such as hon	ne equity loans	5.	σ.	0.00

or 1	Light, Christina	Case numb	er (if known)	4:17-bk-10038
Uti	ities:			
6a.	Electricity, heat, natural gas	6a.	\$	315.00
6b.	Water, sewer, garbage collection	6b.	\$	70.00
6c.	Telephone, cell phone, Internet, satellite, and cable services	6c.	\$	0.00
6d.	Other. Specify: Internet / Satellite	6d.	\$	174.00
	cell phone		\$	60.00
Fo	od and housekeeping supplies	<del></del> 7.	\$	500.00
Ch	ildcare and children's education costs	8.	\$	580.00
Clo	thing, laundry, and dry cleaning	9.	\$	100.00
Per	sonal care products and services	10.	\$	55.00
Ме	dical and dental expenses	11.	\$	0.00
Tra	nsportation. Include gas, maintenance, bus or train fare.		_	400.00
	not include car payments.	12.	·	400.00
	ertainment, clubs, recreation, newspapers, magazines, and books		\$	200.00
Ch	aritable contributions and religious donations	14.	\$	400.00
	urance.			
	not include insurance deducted from your pay or included in lines 4 or 20.	150	¢	74.44
	Life insurance	15a.		70.00
	. Health insurance	15b.	·	0.00
	v. Vehicle insurance	15c.	·	200.00
	I. Other insurance. Specify:	15d.	\$	0.00
	tes. Do not include taxes deducted from your pay or included in lines 4 or 20.	40	Φ.	0.00
	ecify:	16.	\$	0.00
	tallment or lease payments:  . Car payments for Vehicle 1	17a.	<b>e</b>	0.00
	car payments for Vehicle 2	17a. 17b.	·	0.00
		17b. 17c.	·	0.00
	. Other Specify:		·	0.00
	I. Other. Specify:	17d.	<b>&gt;</b>	0.00
	ur payments of alimony, maintenance, and support that you did not report as ducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18.	\$	0.00
	ner payments you make to support others who do not live with you.		\$	0.00
	ecify:	19.	Ψ	0.00
	per real property expenses not included in lines 4 or 5 of this form or on Sche		Income.	
	. Mortgages on other property	20a.		0.00
	o. Real estate taxes	20b.		0.00
200	Property, homeowner's, or renter's insurance	20c.		0.00
	I. Maintenance, repair, and upkeep expenses	20d.		0.00
	Homeowner's association or condominium dues	20e.		0.00
	ner: Specify:	21.		0.00
	· · · -		. ψ	0.00
	culate your monthly expenses			
	a. Add lines 4 through 21.		\$	3,924.00
22k	b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2		\$	
220	. Add line 22a and 22b. The result is your monthly expenses.		\$	3,924.00
<b>~</b>				- ,
	culate your monthly net income.	00-	¢.	4 005 40
	. Copy line 12 (your combined monthly income) from Schedule I.	23a.		4,865.13
Зl	c. Copy your monthly expenses from line 22c above.	23b.	-\$	3,924.00
) () -	Cubtract your monthly ovacage from your monthly income			
∠30	<ul> <li>Subtract your monthly expenses from your monthly income.</li> <li>The result is your monthly net income.</li> </ul>	23c.	\$	941.13
	you expect an increase or decrease in your expenses within the year after yo	ou file this fo	orm?	
For	example, do you expect to finish paying for your car loan within the year or do you expect you diffication to the terms of your mortgage?		ayment to incre	ase or decrease because o
For mod	example, do you expect to finish paying for your car loan within the year or do you expect you		ayment to incre	ase or decrease because c